

State of California—Health and Human Services Agency  
**Department of Health Services**



**GRAY DAVIS**  
Governor

EMSA Letter: 03-A-C  
EMSA Letter: 03-A-R  
Date Issued : October 14, 2003

TO: EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
CONTACTS

SUBJECT: EMSA ALLOCATION TABLES, DOCUMENTS, AND REPORT FORMS  
FOR FISCAL YEAR (FY) 2003-04

The purpose of this letter is to notify you of EMSA and the availability of \$2,479,000 to Rural Health Services' counties for the reimbursement of uncompensated emergency physician services. The original appropriation under Chapter 826, Statutes of 2000 (Senate Bill 2132) was reauthorized under the Health Trailer Bill, Chapter 230, Section 76, Statutes of 2003 (Assembly Bill 1762). These monies are for services provided in FY 2003-04.

Rural Health Services' counties have the option of receiving EMSA directly or through the EMSA Contract Back Program. For detailed information on how to contract for EMSA and/or the EMSA Contract Back Program funds, please refer to the information hyperlinks on page 2. Carefully review the Declaration of Intent and Standard Agreement instructions for steps on how to complete and print the documents. Please return all necessary documents to the Office of County Health Services (OCHS) by December 1, 2003.

You can view this letter and previous EMSA letters on the OCHS' website at:

<http://www.dhs.ca.gov/hisp/ochs/index.htm>.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

If you have any questions concerning the EMSA Contract Back Program, please contact the Contract Back Unit at (916) 552-8010. For questions concerning the enclosed EMSA package, you may contact your County Health Services analyst at (916) 552-8015.

Sincerely,

**ORIGINAL SIGNED BY NANCY E. HAYWARD**

Nancy E. Hayward, Chief  
Medically Indigent Services Section

Enclosures

cc: See Next Page

**Click on the hyperlink below:**

[EMSA Guidelines](#)

[EMSA Charts \(A-D\)](#)

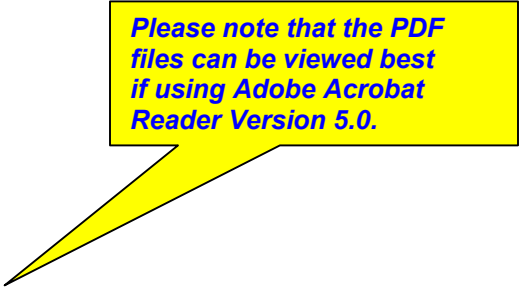
[EMSA Legislation](#)

[EMSA Allocation Tables](#)

[EMSA Declaration of Intent Instructions and Forms](#)

[EMSA Standard Agreement Instructions and Forms](#)

[EMSA Expenditures and Physicians Data  
Report Instructions and Forms](#)



*Please note that the PDF  
files can be viewed best  
if using Adobe Acrobat  
Reader Version 5.0.*

cc: Mr. Gregory A. Franklin, M.H.A.  
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California Department of  
Health Services  
Health Information and Strategic  
Planning Division  
MS 5000  
P.O. Box 942732  
Sacramento, CA 94234-7320

Ms. Eileen Eastman  
Executive Secretary  
California Department of  
Health Services  
California Conference of  
Local Health Officers  
MS 7003  
P.O. Box 942732  
Sacramento, CA 94234-7320

Ms. Judith Reigel  
Executive Officer  
County Health Executives  
Association of California  
1127 11th Street, Suite 309  
Sacramento, CA 95814

County Auditor-Controller Contacts

Board of Supervisors Contacts

**Expenditures and Physicians Data Report  
Emergency Medical Services Appropriation (EMSA)  
Fiscal Year 2003-04**

**Instructions**

Please use the following instructions when completing the financial statement of the Expenditures and Physicians Data Report. **Counties are required to separately account for the HSA and PSA/UA funds in both the financial statement and utilization data.**

1. Indicate the county's name in the heading of the Report.
2. Indicate with a check mark if the report is a Progress Report or a Final Report.
3. FINANCIAL STATEMENT
  - A. INCOME
    1. MONIES RECEIVED PURSUANT TO AB 1762 SECTION 76 (c) and (d). The total EMSA monies received from the Hospital Services Account (HSA) and the Physician Services Account/Unallocated Account (PSA/UA) for FY 2003-04.
    2. INTEREST EARNED IN FY 2003-04. Amount of interest earned for HSA and PSA/UA.
    3. INTEREST CARRIED OVER FROM FY 2002-03. Amount of interest carried over from FY 2002-03.
    4. TOTAL INCOME. The sum of A1, A2, and A3 for HSA and PSA/UA.
  - B. EXPENDITURES
    1. EXPENDITURES FOR EMSA. Expenditures for services provided from July 1, 2003 through June 30, 2004 for HSA and PSA/UA.
    2. EXPENDITURES FOR ADMINISTRATIVE COSTS. County administrative costs attributable to the administration of EMSA for FY 2003-04 shall not exceed ten percent (10%) of HSA and PSA/UA.
    3. INTEREST TRANSFERRED TO FY 2004-05. Amount of interest transferred to FY 2004-05.
    4. TOTAL EXPENDITURES. The sum of B1, B2, and B3 for HSA and PSA/UA.
  - C. MONIES RECOVERED AND NOT EXPENDED. FY 2003-04 funds previously expended and subsequently recovered by the County for HSA and/or PSA/UA.
  - D. ENDING BALANCE. Subtract Total Expenditures from Income and add Recovered Monies (A4-B4+C) for HSA and/or PSA/UA.
  - E. AMOUNT RETURNED TO STATE. EMSA monies including interest earned not expended by the County and returned to the State for HSA and/or PSA/UA.
4. CERTIFICATION

The Report requires signature by the county auditor controller certifying the Report's accuracy. Supporting documentation shall be available for State review.

**EXPENDITURES AND PHYSICIANS DATA REPORT  
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
FISCAL YEAR 2003-04  
(JULY 1, 2003 THROUGH JUNE 30, 2004)**

**COUNTY OF \_\_\_\_\_**

**Please check one:**

☐ Progress Report - due November 15, 2004  
(As of October 15, 2004)

☐ Final Report - due April 15, 2005  
(As of March 15, 2005)

**I. FINANCIAL STATEMENT**

	<u>HSA</u>	<u>PSA/UA</u>
<b>A. INCOME</b>		
1. MONIES RECEIVED PURSUANT TO AB 1762 SECTION 76 (c) AND (d).	_____	_____
2. INTEREST EARNED FY 2003-04	_____	_____
3. INTEREST CARRIED OVER FROM FY 2002-03	_____	_____
4. TOTAL INCOME (A1+A2+A3)	=====	=====
<b>B. EXPENDITURES</b>		
1. EXPENDITURES FOR EMSA*	_____	_____
2. EXPENDITURES FOR ADMINISTRATIVE COSTS	_____	_____
3. INTEREST TRANSFERRED TO FY 2004-05 **	_____	_____
4. TOTAL EXPENDITURES (B1+B2+B3)	=====	=====
<b>C. MONIES RECOVERED AND NOT EXPENDED</b>	_____	_____
<b>D. ENDING BALANCE (A4-B4+C)</b>	=====	=====
<b>E. AMOUNT RETURNED TO THE STATE</b>	_____	_____

**II. CERTIFICATION**

I HEREBY CERTIFY THE ACCURACY OF THE EXPENDITURES AND PHYSICIANS DATA REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

COUNTY AUDITOR CONTROLLER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

\* Only emergency services are reimbursable. Nonemergency OB/GYN and pediatric services are excluded.

\*\*Does not apply if appropriation ends after FY 2003-04.

This report is only required from those counties administering EMSA. Counties are required to separately account for the HSA and PSA/UA funds under income and under expenditures.

Expenditures must equal the total amount paid as reported in the utilization data on page 2.

**EXPENDITURES AND PHYSICIANS DATA REPORT  
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
FISCAL YEAR 2003-04  
(JULY 1, 2003 THROUGH JUNE 30, 2004)**

**COUNTY OF \_\_\_\_\_**

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☐ Progress Report - due November 15, 2004  
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(As of March 15, 2005)

HSA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid

PSA/UA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid

Please use the following instructions to complete the Expenditures and Physicians Data Report:

1. Indicate the county's name in the heading of the report.
2. Indicate by check if you are submitting the Progress Report or the Final Report.
3. For each column indicate the number of claims received, amount billed, number of claims paid, the total amount paid for both HSA and PSA/UA.